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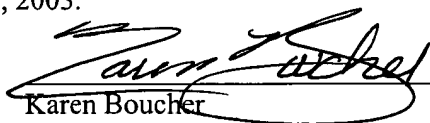
PATENT
Attorney Docket No. MLB-055CP1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): F. Joseph Pompei
SERIAL NO.: 09/300,022 GROUP NO.: 2644
FILING DATE: April 27, 1999 EXAMINER: Brian T. Pendleton
TITLE: PARAMETRIC AUDIO SYSTEM

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Karen Boucher

Commissioner for Patents
P.O. Box 1450
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Submitted herewith is/are:

- (1) Transmittal Form (1 page);
- (2) Response to Restriction Requirement (1 page);
- (3) return receipt postcard.



TRANSMITTAL FORM

| | |
|---------------------------|--------------------|
| Application Serial Number | 09/300,022 |
| Filing Date | 4/27/99 |
| First Named Inventor | F. Joseph Pompei |
| Group Art Unit | 2644 |
| Examiner Name | Brian T. Pendleton |
| Attorney Docket No. | MLB-055CP1 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

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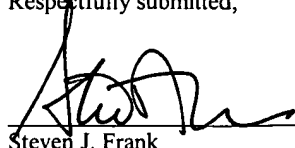
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| <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
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| | <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) |
| | <input type="checkbox"/> CD(s) for large table or computer program | <input checked="" type="checkbox"/> Response to Restriction Requirement |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |

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